Your claim must be submitted online or postmarked by: December 15, 2025

Klepper, et al. v. MedQ, Inc.
Case No. CJ-2025-6048
District Court of Oklahoma County, Oklahoma

DATA BREACH SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: December 15, 2025

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Class this way: "All persons residing in the United States who received a Notice of Data Breach letter from Defendant."

Excluded from the Settlement Class are: (1) the Judge in this case, and the Judge's family and staff, (2) MedQ and its officers and directors; (3) anyone who validly excludes themselves from the Settlement; (4) government entities; and (5) anyone who perpetrated the Data Breach.

COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS

AVAILABLE BENEFITS

MedQ has agreed to pay for a number of different benefits. All Class Members can enroll in two years of **Credit Monitoring Services** from the three credit bureaus. In addition to Credit Monitoring Services, Class Members may choose between **two cash payment options**:

OPTION 1: Select one or more of the following benefits:

- Cash Payment for Documented Losses
- Cash Payment for Lost Time

OR

OPTION 2: Alternative Cash Payment.

- Receive a one-time $50.00 cash payment

More information about each of these benefits is below. Full details are in the Settlement Agreement, available at **www.MedQIncDataSettlement.com.**

CREDIT MONITORING SERVICES. All Class Members are eligible to enroll in two years of Credit Monitoring Services from the three credit bureaus. This benefit includes:

- real time monitoring of your credit file at all three credit bureaus
- dark web scanning
- comprehensive public records monitoring
- medical identity monitoring
- identity theft insurance.

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

CASH PAYMENT OPTION 1

Cash Payment for Documented Losses. If you incurred actual, documented out-of-pocket expenses due to the Data Breach, you can bet back up to **$5,000.00**. The losses must have occurred between December 26, 2023, and **December 15, 2025.**

This benefit covers out-of-pocket expenses like:

- losses because of identity theft or fraud
- fees for credit reports, credit monitoring, or freezing and unfreezing your credit
- cost to replace your IDs
- postage to contact banks by mail

You need to send proof, like bank statements or receipts, to show how much you spent or lost. You can also send notes or papers you made yourself to explain or support other proof, but those notes or papers alone are not enough to make a valid claim.

Cash Payment for Lost Time. Class Members who spent time responding to the Data Breach may claim up to three hours, at $30.00 per hour, for a maximum of **$90.00**.

You must have spent the time on tasks related to the Data Breach. Some examples include things like:

- changing your passwords
- investigating suspicious activity in your accounts
- researching the Data Breach.

You must attest that you spent the time claimed on tasks related to the Data Breach.

CASH PAYMENT OPTION 2

Alternative Cash Payment. Instead of the benefits in Option 1, you may claim a one-time **$50.00** cash payment. You do not have to provide any proof or explanation to claim this payment.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: info@MedQIncDataSettlement.com
- Call toll free, 24/7: 1-(833) 417-4905

- By mail: MedQ Data Breach Settlement, c/o Settlement Administrator, P.O. Box 25226, Santa Ana, CA 92799-9958.

THE EASIEST WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT www.MedQIncDataSettlement.com

You may also print out and complete this Claim Form, and submit it by U.S. mail to:

MedQ Data Breach Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799-9958

An electronic image of the completed Claim Form can also be emailed to **info@MedQIncDataSettlement.com**

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I. CLASS MEMBER NAME AND CONTACT INFORMATION

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form. All fields are required. **Please print legibly.**

First Name Last Name

Street Address

City State Zip Code

Email Address Phone Number Notice ID (if known)

II. CREDIT MONITORING SERVICES

☐ Check this box if you would like to enroll in two years of Credit Monitoring Services from the three credit bureaus.

III. CASH PAYMENT FOR DOCUMENTED LOSSES

☐ Check this box if you would like to claim reimbursement for documented out-of-pocket expenses. You can get back up to $5,000.00.

Please complete the table below, describing the supporting documentation you are submitting.

Description of Documentation Provided	***Amount***
Example: Fee for credit report	*$40*

Questions? Call 1-(833) 417-4905 Toll-Free or Visit www.MedQIncDataSettlement.com

TOTAL OUT-OF-POCKET LOSSES:	

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

IV. CASH PAYMENT FOR LOST TIME

If you spent time fixing problems caused by Data Breach, please select how many hours (up to 3) you spent and briefly describe what you did:

_____

I spent (select only **one**): ☐ 1 hour ($30.00) ☐ 2 hours ($60.00) ☐ 3 hours ($90.00)

V. ALTERNATIVE CASH PAYMENT

☐ Check this box if you want to claim a one-time $50.00 cash payment.

DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING PAYMENTS FROM SECTION III OR IV.

VI. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used if you are claiming a cash payment.

☐ **PayPal**
Email address, if different than you provided in Section 1:_____

☐ **Venmo**
Mobile number, if different than you provided in Section 1:_____

☐ **Zelle**
Email address or mobile number, if different than you provided in Section 1:_____

☐ **Virtual Prepaid Card**
Email address, if different than you provided in Section 1:_____

☐ **Physical Check**
Payment will be mailed to the address provided in Section 1.

VII. ATTESTATION & SIGNATURE

I swear and affirm on penalty of perjury that the information provided in this Claim Form, and any supporting documentation, provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature	Printed Name	Date